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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 1006 3730	
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)			(Column 3)	
FOR	NUMBER FILED 20	NUMBER EXTRA			SMALL ENTITY	OR OTHER THAN SMALL ENTITY
BASIC FEE <small>(37 CFR 1.16(a))</small>				RATE	FEE	
TOTAL CLAIMS <small>(37 CFR 1.16(c))</small>	20 minus 20 = * 0			x \$	=	OR x \$ 740
INDEPENDENT CLAIMS <small>(37 CFR 1.16(b))</small>	3 minus 3 = * 0			x	=	OR x 0
MULTIPLE DEPENDENT CLAIM PRESENT <small>(37 CFR 1.16(d))</small>				+	=	OR + 0
				TOTAL		OR TOTAL 740
* If the difference in column 1 is less than zero, enter "0" in column 2						
CLAIMS AS AMENDED - PART II						
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY	OR OTHER THAN SMALL ENTITY
Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	RATE	ADDI-TIONAL FEE
Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x \$	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +
				TOTAL		OR TOTAL
				ADDIT. FEE		OR ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY	OR OTHER THAN SMALL ENTITY
Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	RATE	ADDI-TIONAL FEE
Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x \$	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +
				TOTAL		OR TOTAL
				ADDIT. FEE		OR ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		SMALL ENTITY	OR OTHER THAN SMALL ENTITY
Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	RATE	ADDI-TIONAL FEE
Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x \$	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +
				TOTAL		OR TOTAL
				ADDIT. FEE		OR ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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